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	First Named Inventor	See Attachment A					
	Art Unit	See Attachment A					
	Examiner Name	See Attachment A					
	Attorney Docket Number	See Attachment A					
I hereby revoke all previous powers of attorney given in the above-identified application.							
A Power of Attorney is submitted herewith.							
OR  X I hereby appoint the practitioners associated with the Customer Number: 75436							
Please change the correspondence address for the above-identified application to:							
The address associated with Customer Number:							
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L.,	oplicant/Inventor. signee of record of the entire inter- atement under 37 CFR 3.73(f) Islan	st. Se	e 37 C d. <i>(Fo</i> i	FR 3.71. m PTO/SB/96)			
	SIGNATURE	of Ap	plicar	t or Assignee of Recor	d		
Signature		7	A COLUMN TO SERVICE DE LA COLU				

Steve A. Herweck, Shief Executive Officer Name (603) 880-1433 Date Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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forms are submitted.

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